



APPLICATION FOR LICENSE OR RENEWAL OF LICENSE FOR TRAINER, MANAGER, MATCHMAKER, OR SECOND

State Form 45729 (R4 / 2-03)

Approved by State Board of Accounts, 2003

Indiana Professional Licensing Agency
302 W. Washington Street, Room E034
Indianapolis, IN 46204-2700
(317) 232-2980

INSTRUCTIONS: COMPLETE ALL AREAS THAT ARE NOT SHADED.

ATTACH TWO (2) PHOTOS	License number	
	Date issued	Date expires
	Previous license	
	APPLICATION FOR LICENSE	
	Check one box only: <input type="checkbox"/> Original license <input type="checkbox"/> Renewal license	
	LICENSE FEES	
Fee shall accompany application (<i>check appropriate box</i>)		
<input type="checkbox"/> Trainer - Fee \$10.00 <input type="checkbox"/> Manager - Fee \$25.00 <input type="checkbox"/> Second - Fee \$10.00 <input type="checkbox"/> Matchmaker - Fee \$25.00		

25-9-1-10 Persons not entitled to licenses and permits. No permit or license may be issued to any person who has not complied with this chapter or who, prior to the application, has failed to obey a rule, regulation or order of the State Boxing Commission. In the case of a club, corporation, or association, no license or permit may be issued to it if, prior to its application, any of its officers have violated this chapter or any rule, regulation or order of the State Boxing Commission. No promoters, physicians, referees, judges, timekeepers, matchmakers, or professional boxers, their managers, trainers or seconds may be licensed if they are holders of a federal gambling stamp. A license or permit when issued shall recite that the person to whom it is granted has complied with this chapter, and a license or permit is not transferable.

APPLICANT SECTION

Full name of applicant (<i>first, middle, last</i>) (<i>please print</i>)		Ring name (<i>please print</i>)
Residence address (<i>number and street, city, state, ZIP code</i>)		
Residence telephone number	Business telephone number	Date of birth
Social Security number *		* This agency is requesting the disclosure of your Social Security number in accordance with IC 4-1-8-1. Disclosure is MANDATORY and this application or renewal cannot be processed without it.
Occupation		
Employed by		
Employer's address (<i>number and street, city, state, ZIP code</i>)		
State your experience and qualifications		
Are you a professional boxer? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, ring name:
Was any boxer under your management or training ever disqualified in a ring of any cause? If Yes, state circumstances: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you employed by, or have you a financial interest in any promoter, club, corporation, association or organization conducting boxing matches in this state, or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No		

(Continued on reverse side)

List below any boxers now under your management, training or control or who will be seconded by you, or with whom you are associated, whether or not under contract.

NAME	WEIGHT	UNDER CONTRACT

The commission must be notified of any changes or additions to this list. Copies of all contracts between professional boxers and managers must be submitted with this application, and copies of any additional or new contracts entered into in the future by mangers must be submitted to the commission to prevent the possible suspension or revocation of license.

IDENTIFICATION SHALL BE VERIFIED BY ONE (1) OF THE FOLLOWING:

☐ Birth certificate

☐ Driver's License

☐ Passport

☐ Baptismal certificate

☐ School record

I hereby certify that I have knowledge of the laws, rules and regulations regarding boxing or sparring matches or exhibitions in Indiana and will faithfully abide by them; that I personally completed this application, and that the answers are true and correct to the best of my knowledge and belief; and have not disobeyed any rule, regulation or order of the State Boxing Commission or have not been guilty of any violation of the provisions of IC 25-9-1.

Signature of applicant

Printed name of applicant

Date (month, day, year)

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